Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 CLAIMS AS FILED - PART I

| (Column 1) (Column 2)  |   |                                      |                      |                                  |                |  |                                      |    | SMALL<br>TYPE                         | ENTITY                 | OR   | OTHER<br>SMALL                |                        |
|--|---|--------------------------------------|----------------------|----------------------------------|----------------|--|--------------------------------------|----|---------------------------------------|------------------------|------|-------------------------------|------------------------|
| FOR  |   |                                      | NUMBER FILED         |                                  |                | NUMBER EXTRA                               |                                      |    | RATE                                  | FEE                    | 7    | RATE                          | FEE                    |
| BASIC FEE  |   |                                      |                      |                                  |                |  |                                      |    |                                       | 345.00                 | OR   | 7 · · ·                       | 690.00                 |
| TC   | TAL CLAIMS  |                                      | minus 20=            |                                  |                |  |                                      |    | X\$ 9=                                |                        | OR   | X\$18=                        |                        |
|  | PEPENDENT CI  |                                      | <i>f</i> minus 3 =   |                                  |                | * .  | /                                    |    | X39=                                  |                        | OR   | X78=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |                                      |                      |                                  |                |  |                                      |    | +130=                                 | 1                      | OR   | +260=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |                                      |                      |                                  |                |  |                                      |    | TOTAL                                 | 340                    | OR   | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II  |   |                                      |                      |                                  |                |  |                                      |    |                                       |                        | _    | OTHER                         |                        |
| (Column 1) (Column 2) (Column 3)   |   |                                      |                      |                                  |                |  |                                      |    | SMALL                                 | ENTITY                 | OR . | SMALL                         | ENTITY                 |
| AMENDMENT A  |   | REMAINI<br>AFTER<br>AMENDM           | ING<br>R             |                                  | .bt            | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total   | . 9                                  |                      | Minus                            | **             | 20   | =                                    |    | X\$ 9=                                |                        | OR   | X\$18=                        |                        |
|  | Independent   | NTATION (                            | OE MI                | Minus                            | PENIC          |  | =                                    |    | X39=                                  |                        | OR   | X78=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |                                      |                      |                                  |                |  |                                      |    | +130=                                 |                        | OR   | +260=                         |                        |
|  |   |                                      |                      |                                  |                |  | *                                    | A  | TOTAL<br>DDIT. FEE                    |                        | OR   | TOTAL<br>ADDIT. FEE           |                        |
|  |   | (Columi                              |                      |                                  |                | Column 2)                                  | (Column 3)                           |    |                                       |                        |      |                               |                        |
| ENT B.   |   | CLAIM<br>REMAIN<br>AFTER<br>, AMENDM | ING<br>R             |                                  | PF             | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total   | . 9                                  |                      | Minus                            | **             | 20   | =                                    |    | X\$ 9=                                |                        | OR   | X\$18=                        |                        |
| AME  | Independent<br>FIRST PRESE  | NITATION (                           |                      | Minus                            | ***            | <u> </u>                                   | =                                    |    | X39=                                  |                        | OR   | X78=                          |                        |
|  | ringt FRESE   | MAHON                                | JP WIO               | LIIPLE DER                       | ENL            | JENT CLAIM                                 |                                      |    | +130=                                 |                        | OR   | +260=                         |                        |
|  |   |                                      |                      |                                  |                |  |                                      |    | TOTAL<br>DDIT. FEE                    |                        |      | TOTAL<br>ADDIT: FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |   |                                      |                      |                                  |                |  |                                      |    | , , , , , , , , , , , , , , , , , , , |                        | •    |                               |                        |
| AMENDMENT C  |   | CLAIM:<br>REMAINI<br>AFTEF<br>AMENDM | ING<br>R             |                                  | PF             | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA                     |    | RATE                                  | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
| ND   | Total   | · 96                                 |                      | Minus                            | **             | <u> 9</u>                                  | = 1                                  |    | X\$ 9=                                |                        | OR   | <del>X\$18≤</del>             |                        |
| AME  | Independent<br>FIRST PRESE  | NTATION C                            |                      | Minus                            | FND            | 3<br>FNT CLAIM                             | = 6                                  |    | X39=                                  | 7                      | OR   | X78≘                          |                        |
|  | or i iidot  |                                      | -1 1010              |                                  |                | EIT OLAIM                                  |                                      |    | +130=                                 | 1                      | OR   | +260=                         |                        |
| ***  | the entry in colur<br>f the "Highest Nur<br>f the "Highest Nur<br>The "Highest Nurn | mber Previou<br>mber Previou         | ısly Pai<br>ısly Pai | d For" IN THIS<br>d For" IN THIS | S SPA<br>S SPA | CE is less than<br>CE is less than         | n 20, enter "20 "<br>n 3, enter "3." | ~. | TOTAL<br>DDIT. FEE<br>d in the app    | propriate box          | OR , | TOTAL<br>ADDIT. FEE<br>Jmn 1. |                        |